

Department of the Treasury — Internal Revenue Service

Form **1040A** U.S. Individual Income Tax Return (99) **2004**

IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)

Your first name and initial

Last name

OMB No. 1545-0085

Use the
IRS label.
Otherwise,
please print
or type.

MARY

L HARRIS

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apartment no.

5576 MONTGOMERY ROAD

City, town or post office. If you have a foreign address, see instructions.

State ZIP code

CINCINNATI

OH 45212

Important!
You must enter your
SSN(s) above.

Presidential
Election
Campaign
(See instructions.)

Note. Checking 'Yes' will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You

Spouse

☐ Yes ☒ No☐ Yes ☐ NoFiling
status

1

☐ Single

4

☐ Head of household (with qualifying person). (See instructions.)

2

☐ Married filing jointly (even if only one had income)

If the qualifying person is a child but not your dependent,

3

☒ Married filing separately. Enter spouse's SSN above and

enter this child's name here

full name here **FREDERICK HARRIS**

5

☐ Qualifying widow(er) with dependent child
(see instructions)Check only
one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6aBoxes
checked on
6a and 6b

1

b ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's
social security
number(3) Dependent's
relationship
to you(4) ☒ if
qualifying
child for
child tax
creditNo. of children
on 6c who:☐ lived

with you

☐ did not

live with

you due to

divorce or

separation

Dependents

on 6c not

entered above

d Total number of exemptions claimed

Add numbers
on lines above

1

Income

Attach Form(s)
W-2 here. Also
attach Form(s)
1099-R if tax
was withheld.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 20,919.

8a Taxable interest. Attach Schedule 1 if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule 1 if required 9a

b Qualified dividends (see instructions) 9b

10 Capital gain distributions (see instructions) 10

11a IRA distributions 11a 11b Taxable amount 11b

12a Pensions and annuities 12a 12b Taxable amount 12b

13 Unemployment compensation and Alaska Permanent Fund dividends 13

14a Social security benefits 14a 14b Taxable amount 14b

15 Add lines 7 through 14b (far right column). This is your total income 15 20,919.

If you did not
get a W-2,
see instructions.Enclose, but
do not attach,
any payment.Adjusted
gross
income

16 Educator expenses (see instructions) 16

17 IRA deduction (see instructions) 17

18 Student loan interest deduction (see instructions) 18

19 Tuition and fees deduction (see instructions) 19

20 Add lines 16 through 19. These are your total adjustments 20

21 Subtract line 20 from line 15. This is your adjusted gross income 21 20,919.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2004)

CONFIDENTIAL

Tax, credits, and payments

Standard Deduction for -

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
 Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of Household, \$7,150

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income)	22	20,919.
23a	Check if: <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind <input type="checkbox"/> Blind Total boxes checked	23a	
b	If you are married filing separately and your spouse itemizes deductions, see instructions and check here	23b	
24	Enter your standard deduction (see left margin)	24	4,850.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25	16,069.
26	If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet in the instructions	26	3,100.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	12,969.
28	Tax, including any alternative minimum tax (see instructions)	28	1,589.
29	Credit for child and dependent care expenses. Attach Schedule 2	29	
30	Credit for the elderly or the disabled. Attach Schedule 3	30	
31	Education credits. Attach Form 8863	31	
32	Retirement savings contributions credit. Attach Form 8880	32	
33	Child tax credit (see instructions)	33	
34	Adoption credit. Attach Form 8839	34	
35	Add lines 29 through 34. These are your total credits	35	
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-	36	1,589.
37	Advance earned income credit payments from Form(s) W-2	37	
38	Add lines 36 and 37. This is your total tax	38	1,589.
39	Federal income tax withheld from Forms W-2 and 1099	39	1,186.
40	2004 estimated tax payments and amount applied from 2003 return	40	
41a	Earned income credit (EIC)	41a	
b	Nontaxable combat pay election.	41b	
42	Additional child tax credit. Attach Form 8812	42	
43	Add lines 39, 40, 41a, and 42. These are your total payments	43	1,186.

Refund

Direct deposit? See instructions and fill in 45b, 45c, and 45d.

44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid	44	
45a	Amount of line 44 you want refunded to you	45a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
46	Amount of line 44 you want applied to your 2005 estimated tax	46	

Amount you owe

47	Amount you owe. Subtract line 43 from line 38. For details on how to pay, see instructions	47	403.
48	Estimated tax penalty (see instructions)	48	

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		TELEMARKETING	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		EIN
			Phone no.

Name
MARY L HARRIS

Social Security Number
[REDACTED]

Check if for spouse ☐

Military: Complete Part VI on Page 2 below

a Control number 003910 18/DEQ
b Employer's ID number 31-0961669
c Employer's name, address, and ZIP code
RDI MARKETING SERVICES, INC.

Street 9920 CARVER ROAD
City CINCINNATI
State OH ZIP Code 45242-5520
Check box if foreign address (see Help) ☐

Check box to transfer items d and e below
from Federal Information Worksheet ☐

d Employee's social security number [REDACTED]

e Employee's name, address, and ZIP code

First MARY M.I. _____
Last HARRIS
Street 5576 MONTGOMERY ROAD
City CINCINNATI
State OH ZIP Code 45212
Check box if foreign address (see Help) ☐

1 Wages, tips, other compensation
20,919.06

3 Social security wages
21,790.71

5 Medicare wages and tips
21,790.71

7 Social security tips

9 Advance EIC payment

11 Nonqualified plans

12 Enter box 12 below

13 Statutory employee

Retirement plan

Third-party sick pay

14 If you have entries in box 14, click ☐ HERE then select Help before making any entries for box 14.

2 Federal income tax withheld
1,186.13

4 Social security tax withheld
1,351.03

6 Medicare tax withheld
315.97

8 Allocated tips

10 Dependent care benefits

Distributions from sect. 457
and nonqualified plans
(Important, see Help)

Box 12

Code

D

Box 12

Amount

871.65

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4

R: Enter MSA contribution for Taxpayer

Spouse

G: Check if employer is not a state or local government ☐

Box 15

State

OH

Employer's state I.D. no.

51-5505832

Box 16

State wages, tips, etc.

20,919.06

Box 17

State income tax

539.29

Box 20

Locality name

BLUE ASH

Box 18

Local wages, tips, etc.

21,790.71

Box 19

Local income tax

217.91

Associated

State

OH

Box 14 If Military combat pay is shown in box 14, you MUST COMPLETE Part III on Page 2 below.
If you also enter combat pay in box 14, use "Type Code" T (Other), even if it is identified as "Q" on the actual Form W-2. The Box 14 "type" code is specific to TurboTax and may not be the same as single letter descriptions entered on some W-2s (See Help).

Description

Amount

Type

TurboTax description of Type

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IT 1040

OHIO Income Tax Return

2004

YOUR RETURN WILL BE RECORDED BY THE STATE OF OHIO

For the year Jan 1 - Dec 31, 2004 or other taxable year ending

Social Security Numbers must be entered below.

Your first name MARY		Initial L	Last name HARRIS	Your social security number [REDACTED]	Filing Status - check only one Single or Head of Household Married filing jointly <input checked="" type="checkbox"/> Married filing separately, enter spouse's SSN
If a joint return, spouse's first name		Initial	Last name	Spouse's social security no.	
Home address (number and street) 5576 MONTGOMERY ROAD			Apt No.	Ohio county Hami	
City, town or post office CINCINNATI			State OH	ZIP code 45212	
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident			Part-Year Resident from 04 to 04 state of residence		Ohio Public School District Number (See instructions.) 3101
			Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: Checking 'Yes' will not increase your tax or decrease your refund.					

INCOME

1 Federal Adjusted Gross Income (from federal Form 1040, line 36; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL)	1	20,919.
2 Ohio Adjustments (from line 45 on page 2 of this return)	2	
3 Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	20,919.
4 Multiply your personal and dependent exemptions 1 times \$1,300 and enter the result here	4	1,300.
5 Ohio Taxable Income (subtract line 4 from line 3)	5	19,619.

TAX AND CREDITS

6 Tax on line 5 (see tax tables in the instructions)	6	432.
7 Credits from Schedule B (line 54 on page 2 of this return)	7	
8 Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	432.
9 Exemption Credit: Number of personal and dependent exemptions 1 times \$20	9	20.
10 Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	412.
11 Joint Filing Credit (see instructions and attach documentation) 8 times line 10 (Limit \$650)	11	
12 Ohio Tax less Joint Filing Credit (subtract line 11 from line 10. If line 11 is more than line 10, enter zero.)	12	412.
13 Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	13	
14 Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	412.
15 Interest Penalty on Underpayment of Estimated Tax Check <input type="checkbox"/> if Form IT 2210 is attached	15	
16 Unpaid Ohio Use Tax (please see worksheet in the instructions) The amount you show on this line is part of your total income tax liability for this year.	16	
17 Total Ohio Tax (add line 14, line 15, and line 16)	17	412.

PAYMENTS

18 Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) ... AMOUNT WITHHELD	18	539.	GO Paperless. It's FREE! Try e-File. www.tax.ohio.gov
19 Ohio Estimated Tax, IT 40P Payments for 2004, and 2003 Overpayment Credited to 2004	19		
20 Refundable Business Jobs Refundable Pass-through Entity Total of 20a and 20b	20		
Credit 20a attach certificates Credit 20b (attach K-1's)			
21 Add lines 18, 19, and 20 ... TOTAL PAYMENTS	21	539.	

REFUND OR AMOUNT YOU OWE

22 Amount You Owe (if line 21 is less than line 17, subtract line 21 from line 17). See instructions. Check here <input type="checkbox"/> and attach Form IT 40P if you are making a payment - make payable to Ohio Treasurer of State. Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card	AMOUNT YOU OWE	22	File electronically and receive your refund in 5-7 days by direct deposit!
23 If line 21 is GREATER than line 17, subtract line 17 from line 21	AMOUNT OVERPAID	23	
24 Amount of line 23 you wish to DONATE for Ohio's wildlife species and endangered wildlife conservation: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24		24	
25 Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25		25	
26 Amount of line 23 to be credited to 2005 estimated tax liability ... CREDIT		26	
27 Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) ... YOUR REFUND		27	127.

IF THE BALANCE DUE IS LESS THAN \$1.01, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

SIGN HERE	Your signature	Date
	Spouse's signature (if filing jointly, BOTH must sign)	Phone number (optional)
	Preparer's signature	Preparer's phone number
	Preparer's address (including zip code)	
Self-Prepared		

For Departmental Use Only	
18a	U
NO Payment Enclosed - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	PAYMENT Enclosed - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057

CONFIDENTIAL

0512 12/14/04

Form IT-1040 MARY L HARRIS

Schedule A – Adjustments to Income (Additions and Deductions)**Additions – add to the extent not included in federal adjusted gross income (line 1)**

28	Add non-Ohio state or local government interest and dividends	28*	
29	Add Pass-through Entity addback	29*	
30	Add income from an electing small business trust (ESBT – see instructions)	30*	
31	Other. Check all that apply:		
a	<input type="checkbox"/> Federal interest and dividends subject to state taxation and miscellaneous federal tax adjustments		
b	<input type="checkbox"/> Reimbursement of college tuition expenses and fees deducted in any previous year(s)		
c	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations		
d	<input type="checkbox"/> Non-medical withdrawals from an Ohio Medical Savings Account		
e	<input type="checkbox"/> Reimbursements of expenses previously deducted for Ohio income tax purposes but only if the reimbursement is not in FAGI		
f	<input type="checkbox"/> Non-education expenditures from College Savings Account		
g	<input type="checkbox"/> Add back the depreciation adjustment for IRC sections 168(k) and 179		
	Total of a through g	31*	
32	Total additions (add lines 28 through 31)	32*	
Deductions – see limitations in instructions			
33	Deduct federal interest and dividends exempt from state taxation	33*	
34	Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents <input type="checkbox"/> Check box if you are a military nonresident	34*	
35	Deduct state or municipal income tax overpayments (see instructions)	35*	
36	Deduct disability and survivorship benefits (does not include pension continuations)	36*	
37	Deduct qualifying social security benefits and some railroad benefits	37*	
38	Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	38*	
39	Deduct qualified tuition expenses paid to an eligible Ohio educational institution	39*	
40	Deduct Un-subsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40*	
41	Deduct funds deposited into and earnings of a Medical Savings Account for eligible medical expenses (see worksheet)	41*	
42	Deduct losses from an electing small business trust (ESBT – see instructions)	42*	
43	Other. Check all that apply:		
a	<input type="checkbox"/> Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits		
b	<input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations and gains from the sale or disposition of Ohio Public Obligations		
c	<input type="checkbox"/> Refund or reimbursements shown on federal Form 1040, line 21, for itemized deductions claimed on a prior year federal income tax return		
d	<input type="checkbox"/> Repayment of income reported in a prior year and miscellaneous federal tax adjustments		
e	<input type="checkbox"/> Amount contributed to an Individual Development Account		
f	<input type="checkbox"/> Depreciation expense adjustment for IRC sections 168(k) and 179		
	Total of a through f	43*	
44	Total Deductions (add lines 33 through 43)	44*	
45	Net adjustments – If line 32 is GREATER than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is LESS than line 44, enter the difference here and on line 2 as a negative amount	45*	

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Schedule B – Credits

46	Retirement Income Credit (see instructions for credit table) (Limit – \$200)	46*	
47	Senior Citizen Credit (Limit – \$50 per return)	47*	
48	Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48*	
49	Child and Dependent Care Credit (see instructions and worksheet)	49*	
50	Lump Sum Retirement Credit	50*	
51	Job Training Credit (see instructions and worksheet) (Limit – \$500 single; \$1,000 joint, if both spouses qualify)	51*	
52	Ohio Political Contributions Credit (Limit – \$50 single; \$100 joint)	52*	
53	Ohio Adoption Credit (Limit – \$500 per adoption)	53*	
54	Total Credits (add lines 46 through 53) – enter here and on line 7	54*	

Schedule C – Ohio Resident

55	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55*	
56	Enter Ohio Adjusted Gross Income (line 3)	56*	
57	Divide line 55 by line 56 % Multiply by the amount on line 12	57*	
58	Enter the 2004 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia	58*	
59	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13 List the state(s) other than Ohio with which you filed 2004 Income Tax Returns	59*	

OHIA0512 12/14/04

Schedule D – Nonresident/Part-Year Resident

60	Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio (attach calculation)	60*	
61	Enter the Ohio Adjusted Gross Income (line 3)	61*	
62	Divide line 60 by line 61 % Multiply by the amount on line 12. Enter here and on line 13	62*	

ATTACH W-2 & 1099-R FORMS

Department of the Treasury — Internal Revenue Service

Form **1040A** U.S. Individual Income Tax Return (99) **2005** IRS Use Only — Do not write or staple in this space.

Label (See instructions.)

Your first name and initial Last name

MARY L HARRIS

OMB No. 1545-0074

Your social security number

If a joint return, spouse's first name and initial Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

5576 MONTGOMERY ROAD

City, town or post office. If you have a foreign address, see instructions. State ZIP code

CINCINNATI OH 45212

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ... ☐ You ☐ Spouse

Filing status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☒ Married filing separately. Enter spouse's SSN above and full name here **FREDERICK HARRIS**

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit	No. of children on 6c who: • lived with you • did not live with you due to divorce or separation

Dependents on 6c not entered above

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 1

Add numbers on lines above: 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 25,846.

8a Taxable interest. Attach Schedule 1 if required

8a 5.

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule 1 if required

9a

b Qualified dividends (see instructions)

9b

10 Capital gain distributions (see instructions)

10

11a IRA distributions

11a

11b Taxable amount

11b

12a Pensions and annuities

12a

12b Taxable amount

12b

13 Unemployment compensation and Alaska Permanent Fund dividends

13

14a Social security benefits

14a

14b Taxable amount

14b

15 Add lines 7 through 14b (far right column). This is your total income

15 25,851.

16 Educator expenses (see instructions)

16

17 IRA deduction (see instructions)

17

18 Student loan interest deduction (see instructions)

18

19 Tuition and fees deduction (see instructions)

19

20 Add lines 16 through 19. These are your total adjustments

20

21 Subtract line 20 from line 15. This is your adjusted gross income

21 25,851.

Adjusted gross income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2005)

CONFIDENTIAL

Tax, credits, and payments**Standard Deduction for —**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of Household, \$7,300

If you have a qualifying child, attach Schedule EIC.

22 Enter the amount from line 21 (adjusted gross income) **22** 25,851.

23a Check if: ☐ You were born before January 2, 1941, ☐ Blind ☐ Spouse was born before January 2, 1941, ☐ Blind Total boxes checked **23a** ☐

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here **23b** ☐

24 Enter your **standard deduction** (see left margin) **24** 5,000.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- **25** 20,851.

26 If line 22 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d **26** 3,200.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income** **27** 17,651.

28 **Tax**, including any alternative minimum tax (see instructions) **28** 2,286.

29 Credit for child and dependent care expenses. Attach Schedule 2 **29**

30 Credit for the elderly or the disabled. Attach Schedule 3 **30**

31 Education credits. Attach Form 8863 **31**

32 Retirement savings contributions credit. Attach Form 8880 **32**

33 Child tax credit (see instructions). Attach Form 8901 if required **33**

34 Adoption credit. Attach Form 8839 **34**

35 Add lines 29 through 34. These are your **total credits** **35**

36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0- **36** 2,286.

37 Advance earned income credit payments from Form(s) W-2 **37**

38 Add lines 36 and 37. This is your **total tax** **38** 2,286.

39 Federal income tax withheld from Forms W-2 and 1099 **39** 1,630.

40 2005 estimated tax payments and amount applied from 2004 return **40**

41a **Earned income credit (EIC)** **41a**

b Nontaxable combat pay election. **41b**

42 Additional child tax credit. Attach Form 8812 **42**

43 Add lines 39, 40, 41a, and 42. These are your **total payments** **43** 1,630.

Refund

Direct deposit? See instructions and fill in 45b, 45c, and 45d.

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you **overpaid** **44**

45a Amount of line 44 you want **refunded to you** **45a**

b Routing number **c Type:** ☐ Checking ☐ Savings

d Account number

46 Amount of line 44 you want **applied to your 2006 estimated tax** **46**

Amount you owe

47 **Amount you owe.** Subtract line 43 from line 38. For details on how to pay, see instructions **47** 656.

48 **Estimated tax penalty** (see instructions) **48**

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name


Phone no.

Personal identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Taxpayer's signature Date Your occupation **TELEMARKETING** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation 

Paid preparer's use only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

Self-Prepared

EIN
Phone no.

Keep for your records

Name **MARY L HARRIS** Social Security Number **[REDACTED]**

Check if for spouse ☐

Military: Complete Part VI on Page 2 below

a Control number 003910 18/DEQ
b Employer's ID number 31-0961669
c Employer's name, address, and ZIP code
RDI MARKETING SERVICES, INC.
Street 4350 GLENDALE-MILFORD RD.
City CINCINNATI
State OH ZIP Code 45242-5520
Check box if foreign address (see Help) ☐

1 Wages, tips, other compensation 25,845.79
3 Social security wages 26,922.67
5 Medicare wages and tips 26,922.67
7 Social security tips

2 Federal income tax withheld 1,630.47
4 Social security tax withheld 1,669.21
6 Medicare tax withheld 390.39
8 Allocated tips

Check box to transfer items d and e below from Federal Information Worksheet ☒

d Employee's social security No. [REDACTED]
e Employee's name, address, and ZIP code
First MARY M.I. L
Last HARRIS
Street 5576 MONTGOMERY ROAD
City CINCINNATI
State OH ZIP Code 45212
Check box if foreign address (see Help) ☐

9 Advance EIC payment
10 Dependent care benefits
11 Nonqualified plans
Distributions from sect. 457 and nonqualified plans (Important, see Help)

12 Enter box 12 below

13 Statutory employee ☐
Retirement plan ☒
Third-party sick pay ☐

14 Enter box 14 below after entering boxes 18, 19, and 20.

NOTE: Enter box 15 before entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax M: Enter amount attributable to RRTA Tier 2 tax P: Double click to link to Form 3903, line 4 R: Enter MSA contribution for Taxpayer Spouse G: Check if employer is not a state or local government <input type="checkbox"/>
D	1,076.88	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	51-5505832	25,845.79	736.38

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
BLUE ASH	26,922.67	269.23	OH

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

CONFIDENTIAL

IT 1040

OHIO Income Tax Return

2005

For the year Jan 1 - Dec 31, 2005 or other taxable year ending

Social security numbers must be entered below.

Your first name MARY		Initial L	Last name HARRIS	Your social security number [REDACTED]		Filing status — check only one Single or head of household Married filing jointly <input checked="" type="checkbox"/> Married filing separately — enter spouse's SSN	
If a joint return, spouse's first name		Initial	Last name	Spouse's SSN (if joint return)			
Home address (number and street) 5576 MONTGOMERY ROAD		Apt No.		Ohio county Ham			
City, town or post office CINCINNATI		State OH		ZIP code 45212		Ohio public school district number (see instructions.) 3101	
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident				Part-year resident from 05 to 05 state of residence		Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Checking "Yes" will not increase your tax or decrease your refund.	

INCOME		
1	Federal adjusted gross income (from federal form 1040, line 37; or 1040A, line 21; or 1040EZ, line 4)	25,851.
2	Ohio adjustments (from line 48 on page 2 of this return)	
3	Ohio adjusted gross income (line 2 added to or subtracted from line 1)	25,851.
4	Multiply your personal and dependent exemptions 1 times \$1,350 and enter the result here	1,350.
5	Ohio taxable income (subtract line 4 from line 3)	24,501.
TAX AND CREDITS		
6	Tax on line 5 (see tax tables in the instructions)	619.
7	Credits from Schedule B (line 58 on page 2 of this return)	
8	Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	619.
9	Exemption credit: Number of personal and dependent exemptions 1 times \$20	20.
10	Ohio tax less exemption credit. (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	599.
11	Joint filing credit (see instructions and attach documentation) 8 times line 10 (Limit \$650)	0.
12	Ohio tax less joint filing credit (Subtract line 11 from line 10. If line 11 is more than line 10, enter zero.)	599.
13	Resident/nonresident/part-year credits (Schedules C or D) and nonrefundable business credits (attach Schedule E)	
14	Ohio income tax before mfg equipment grant. (Sub in 13 from ln 12. If ln 13 is more than ln 12, enter zero.)	599.
15	Manufacturing equipment grant. You must attach the grant request form NEW	
16	Ohio income tax. (Subtract line 15 from line 14. If line 15 is more than line 14, enter zero.)	599.
17	Interest penalty on underpayment of estimated tax: Check <input type="checkbox"/> if Form IT 2210 is attached	
18	Unpaid Ohio use tax (please see worksheet in the instructions) The amount you show on this line is part of your total income tax liability for this year.	
19	Total Ohio tax (add line 16, 17, and 18)	599.
PAYMENTS		
20	Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) AMOUNT WITHHELD 20	736.
21	Ohio estimated tax, IT 40P payments for 2005, and 2004 overpayment credited to 2005	
22	Refundable business jobs Refundable pass-through entity Total of lines 22a and 22b 22	
23	Add lines 20, 21, and 22 TOTAL PAYMENTS 23	736.
REFUND OR AMOUNT YOU OWE		
24	Amount You Owe (if line 23 is less than line 19, subtract line 23 from line 19). See instructions. Check here <input type="checkbox"/> and enclose form IT 40P if you are making a payment — make check payable to Ohio Treasurer of State. Check here <input type="checkbox"/> if you have paid or will pay with an electronic check or credit card	AMOUNT YOU OWE 24
25	If line 23 is GREATER than line 19, subtract line 19 from line 23 AMOUNT OVERPAID 25	137.
26	Amount of line 25 to be credited to 2006 estimated income tax liability CREDIT 26	
27	Amount of line 25 you wish to donate to the Military Injury Relief Fund NEW 27	
28	Amount of line 25 you wish to donate for nature preserves, scenic rivers and protection of endangered species 28	
29	Amount of line 25 you wish to donate for Ohio's wildlife species and conservation of endangered wildlife 29	
30	Amount of line 25 to be refunded (Subtract amounts on lns 26, 27, 28 and 29 from ln 25) YOUR REFUND 30	137.

IF THE BALANCE DUE IS LESS THAN \$1.01, PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

SIGN HERE	Your signature _____ Date _____		For Departmental Use Only	
	Spouse's signature (if filing jointly, BOTH must sign) _____ Phone number (optional) _____			
	Preparer's signature _____ Preparer's phone number _____		NO Payment Enclosed — Mail to Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679	Payment Enclosed — Mail to Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057
	Preparer's address (including zip code) _____ Self-Prepared			

CONFIDENTIAL

OHIA0512 01/10/06

Form IT 1040 MARY L HARRIS

Schedule A – Adjustments to Income (Additions and Deductions)**Additions – add to the extent not included in federal adjusted gross income (line 1)**

31	Add non-Ohio state or local government interest and dividends	31 •	
32	Add pass-through entity add-back	32 •	
33	Add income from an electing small business trust (ESBT – see instructions)	33 •	
34	Other. Check all that apply:		
a	<input type="checkbox"/> Federal interest and dividends subject to state taxation and miscellaneous federal tax adjustments		
b	<input type="checkbox"/> Reimbursement of college tuition expenses and fees deducted in any previous year(s)		
c	<input type="checkbox"/> Losses from sale or disposition of Ohio public obligations		
d	<input type="checkbox"/> Non-medical withdrawals from an Ohio medical savings account and miscellaneous federal tax adj		
e	<input type="checkbox"/> Reimbursements of expenses previously deducted for Ohio income tax purposes, but only if the reimbursement is not in FAGI		
f	<input type="checkbox"/> Noneducation expenditures from college savings account		
g	<input type="checkbox"/> Add back the depreciation adjustment for IRC sections 168(k) and 179		
	Total of a through g	34 •	
35	Total additions (add lines 31 through 34)	35 •	

Deductions – see limitations in instructions

36	Deduct federal interest and dividends exempt from state taxation	36 •	
37	Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents <input type="checkbox"/> Check box if you are a military nonresident	37 •	
38	Deduct state or municipal income tax overpayments (see instructions)	38 •	
39	Deduct disability and survivorship benefits (does not include pension continuations)	39 •	
40	Deduct qualifying social security benefits and some railroad benefits	40 •	
41	Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	41 •	
42	Deduct qualified tuition expenses paid to an eligible Ohio educational institution	42 •	
43	Deduct unsubsidized health insurance, long-term care insurance and excess medical expenses (see worksheet)	43 •	
44	Deduct funds deposited into, and earnings of, a medical savings account for eligible medical expenses (see worksheet)	44 •	
45	Deduct losses from an electing small business trust (ESBT – see instructions)	45 •	
46	Other. Check all that apply:		
a	<input type="checkbox"/> Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits		
b	<input type="checkbox"/> Interest income from Ohio public obligations and Ohio purchase obligations and gains from the sale or disposition of Ohio public obligations		
c	<input type="checkbox"/> Refund or reimbursements shown on federal form 1040, line 21, for itemized deductions claimed on a prior year federal income tax return		
d	<input type="checkbox"/> Repayment of income reported in a prior year and miscellaneous federal tax adjustments		
e	<input type="checkbox"/> Amount contributed to an individual development account		
f	<input type="checkbox"/> Depreciation expense adjustment for IRC sections 168(k) and 179		
	Total of a through f	46 •	
47	Total deductions (add lines 36 through 46)	47 •	
48	Net adjustments – If line 35 is GREATER than line 47, enter the difference here and on line 2 as a positive amount. If line 35 is LESS than line 47, enter the difference here and on line 2 as a negative amount	48 •	

Schedule B – Credits

49	Retirement income credit (see instructions for credit table) (Limit – \$200 per return)	49 •	
50	Senior citizen credit (limit – \$50 per return)	50 •	
51	Lump-sum distribution credit (you must be 65 years of age or older to claim this credit)	51 •	
52	Child care and dependent care credit (see instructions and worksheet)	52 •	
53	Lump-sum retirement credit	53 •	
54	If line 5 is less than or equal to \$10,000, enter \$107; otherwise, enter zero or leave blank NEW	54 •	
55	Job training credit (see instructions and worksheet) (limit – \$500 per taxpayer)	55 •	
56	Ohio political contributions credit (limit – \$50 per taxpayer)	56 •	
57	Ohio adoption credit (limit – \$500 per child)	57 •	
58	Total credits (add lines 49 through 57) – enter here and on line 7	58 •	

Schedule C – Ohio Resident

59	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio res (new limitation – see in insts)	59 •	
60	Enter Ohio adjusted gross income (line 3)	60 •	
61	Divide line 59 by line 60 % Multiply by the amount on line 12	61 •	
62	Enter the 2005 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (new limitation – see line instructions)	62 •	
63	Enter the smaller of line 61 or line 62. This is your Ohio resident tax credit. Enter here and on line 13 List the state(s) other than Ohio with which you filed 2005 income tax returns	63 •	

OHIA0512 01/10/06

Schedule D – Nonresident/Part-Year Resident

64	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio (attach form IT 2023)	64 •	
65	Enter the Ohio adjusted gross income (line 3)	65 •	
66	Divide line 64 by line 65 % Multiply by the amount on line 12. Enter here and on line 13	66 •	

ATTACH W 2 & 1099 R FORMS HERE

CONFIDENTIAL

Form **1040A** U.S. Individual Income Tax Return (99) **2006** IRS Use Only — Do not write or staple in this space.

Department of the Treasury — Internal Revenue Service

Label (See instructions.)

Your first name and initial **MARY** Last name **L HARRIS**

OMB No. 1545-0074

Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial Last name

Spouse's social security number **[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

5576 MONTGOMERY ROAD

City, town or post office. If you have a foreign address, see instructions. State ZIP code

CINCINNATI OH 45212

▲ You must enter your SSN(s) above ▲

Checking a box below will not change your tax or refund

Presidential Election Campaign

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ... ☐ You ☐ Spouse

Filing status

1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here ►

2 ☐ Married filing jointly (even if only one had income)

3 ☒ Married filing separately. Enter spouse's SSN above and full name here ► **FREDERICK HARRIS** 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation

Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above ► **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 26,417.**

8a Taxable interest. Attach Schedule 1 if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule 1 if required **9a**

b Qualified dividends (see instructions) **9b**

10 Capital gain distributions (see instructions) **10**

11a IRA distributions **11a** 11b Taxable amount **11b**

12a Pensions and annuities **12a** 12b Taxable amount **12b 3,191.**

13 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay **13**

14a Social security benefits **14a** 14b Taxable amount **14b**

15 Add lines 7 through 14b (far right column). This is your total income ► **15 29,608.**

Adjusted gross income

16 Penalty on early withdrawal of savings (see instructions) **16**

17 IRA deduction (see instructions) **17**

18 Student loan interest deduction (see instructions) **18**

19 Jury duty pay you gave your employer (see instructions) **19**

20 Add lines 16 through 19. These are your total adjustments **20**

21 Subtract line 20 from line 15. This is your adjusted gross income ► **21 29,608.**

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2006)

Tax, credits, and payments**Standard Deduction for -**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of Household, \$7,550

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income)	22	29,608.
23a	Check if: <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked	23a	<input type="checkbox"/>
b	If you are married filing separately and your spouse itemizes deductions, see instructions and check here	23b	<input type="checkbox"/>
24	Enter your standard deduction (see left margin)	24	5,150.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	24,458.
26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	26	3,300.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income	27	21,158.
28	Tax , including any alternative minimum tax (see instructions)	28	2,799.
29	Credit for child and dependent care expenses. Attach Schedule 2	29	
30	Credit for the elderly or the disabled. Attach Schedule 3	30	
31	Education credits. Attach Form 8863	31	
32	Retirement savings contributions credit. Attach Form 8880	32	
33	Child tax credit (see instructions). Attach Form 8901 if required	33	
34	Add lines 29 through 33. These are your total credits	34	
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-	35	2,799.
36	Advance earned income credit payments from Form(s) W-2, box 9	36	
37	Add lines 35 and 36. This is your total tax	37	2,799.
38	Federal income tax withheld from Forms W-2 and 1099	38	2,910.
39	2006 estimated tax payments and amount applied from 2005 return	39	
40a	Earned income credit (EIC)	40a	
b	Nontaxable combat pay election. 40b		
41	Additional child tax credit. Attach Form 8812	41	
42	Credit for federal telephone excise tax paid. Attach Form 8913 if required	42	30.
43	Add lines 38, 39, 40a, 41, and 42. These are your total payments	43	2,940.

Refund

Direct deposit? See instructions and fill in 45b, 45c, and 45d or Form 8888.

44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you overpaid	44	141.
45a	Amount of line 44 you want refunded to you . If Form 8888 is attached, check here	45a	141.
b	Routing number	XXXXXXXXXX	
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number	XXXXXXXXXXXXXXXXXXXX	
46	Amount of line 44 you want applied to your 2007 estimated tax	46	

Amount you owe

47	Amount you owe . Subtract line 43 from line 37. For details on how to pay, see instructions	47	
48	Estimated tax penalty (see instructions)	48	

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		TELEMARKETING	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		EIN
			Phone no.

CONFIDENTIAL

Form **5329**

OMB No. 1545-0074

**Additional Taxes on Qualified Plans
(Including IRAs), and Other Tax-Favored Accounts****2006**Department of the Treasury
Internal Revenue Service (99)▶ Attach to Form 1040 or Form 1040NR.
▶ See separate instructions.Attachment
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see the instructions.

Your social security number

MARY L HARRIS**Fill in Your Address
Only If You Are Filing
This Form by Itself and
Not With Your
Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apartment number

City, town or post office

State ZIP code

If this is an amended
return, check here ☐If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 60, or on Form 1040NR, line 55, without filing Form 5329. See the instructions for Form 1040, line 60, or for Form 1040NR, line 55.**Part I Additional Tax on Early Distributions**

Complete this part if you took a taxable distribution (other than a qualified hurricane distribution), before you reached age 59-1/2, from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	3,191.
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: <u>12</u>	2	3,191.
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (.10) of line 3. Include this amount on Form 1040, line 60, or Form 1040NR, line 55 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).	4	

Part II Additional Tax on Certain Distributions From Education Accounts

Complete this part if you included an amount in income, on Form 1040, line 21, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP).

5	Distributions included in income from Coverdell ESAs and QTPs	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs

Complete this part if you contributed more to your traditional IRAs for 2006 than is allowable or you had an amount on line 17 of your 2005 Form 5329.

9	Enter your excess contributions from line 16 of your 2005 Form 5329 (see instructions). If zero, go to line 15	9	
10	If your traditional IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2006 traditional IRA distributions included in income (see instructions)	11	
12	2006 distributions of prior year excess contributions (see instructions)	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2006 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs

Complete this part if you contributed more to your Roth IRAs for 2006 than is allowable or you had an amount on line 25 of your 2005 Form 5329.

18	Enter your excess contributions from line 24 of your 2005 Form 5329 (see instructions). If zero, go to line 25	18	
19	If your Roth IRA contributions for 2006 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2006 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2006 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	25	

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

FDIA5012 12/21/06

Form 5329 (2006)

CONFIDENTIAL

Form 5329 (2006) MARY L HARRIS

Part V Additional Tax on Excess Contributions to Coverdell ESAs

Complete this part if the contributions to your Coverdell ESAs for 2006 were more than is allowable or you had an amount on line 33 of your 2005 Form 5329.

26	Enter the excess contributions from line 32 of your 2005 Form 5329 (see instructions). If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2006 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2006 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2006 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs

Complete this part if you or your employer contributed more to your Archer MSAs for 2006 than is allowable or you had an amount on line 41 of your 2005 Form 5329.

34	Enter the excess contributions from line 40 of your 2005 Form 5329 (see instructions). If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2006 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2006 distributions from your Archer MSAs from Form 8853, line 10	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2006 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs)

Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2006 than is allowable or you had an amount on line 49 of your 2005 Form 5329.

42	Enter the excess contributions from line 48 of your 2005 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2006 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2006 distributions from your HSAs from Form 8889, line 14	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2006 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (.06) of the smaller of line 48 or the value of your HSAs on December 31, 2006 (including 2006 contributions made in 2007). Include this amount on Form 1040, line 60, or Form 1040NR, line 55	49	

Part VIII Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs)

Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

50	Minimum required distribution for 2006 (see instructions)	50	
51	Amount actually distributed to you in 2006	51	
52	Subtract line 51 from line 50. If zero or less, enter -0-	52	
53	Additional tax. Enter 50% (.50) of line 52. Include this amount on Form 1040, line 60, or Form 1040NR, line 55	53	

Signature. Complete only if you are filing this form by itself and not with your tax return.

Please Sign Here	Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Your signature _____ Date _____	Date _____ Preparer's SSN or PTIN _____
Paid Preparer's Use Only	Preparer's signature _____ Firm's name (or yours if self-employed), address and ZIP code _____	Check if self-employed <input type="checkbox"/> EIN _____ Phone no. _____

CONFIDENTIAL

Form W-2

Wage and Tax Statement

Keep for your records

2006

Name

MARY L HARRIS

Social Security Number

Check if for spouse ☐

Military: Complete Part VI on Page 2 below

a Control number 003910 18/DEO

b Employer's ID number 31-0961669

c Employer's name, address, and ZIP code

RDI MARKETING SERVICES, INC.

Street 4350 GLENDALE-MILFORD RD.

City CINCINNATI

State OH ZIP Code 45242-5520

Check box if foreign address (see Help) ☐Check box to transfer items d and e below
from Federal Information Worksheet ☒d Employee's social security No. ☐

e Employee's name, address, and ZIP code

First MARY M.I. L

Last HARRIS Suff.

Street 5576 MONTGOMERY ROAD

City CINCINNATI

State OH ZIP Code 45212

Check box if foreign address (see Help) ☐1 Wages, tips, other
compensation

26,416.75

3 Social security wages

27,337.12

5 Medicare wages and tips

27,337.12

7 Social security tips

9 Advance EIC payment

11 Nonqualified plans

12 Enter box 12 below

13 Statutory employee

Retirement plan

Third-party sick pay

14 Enter box 14 below after entering boxes 18, 19, and 20.

NOTE: Enter box 15 before entering box 14.

2 Federal income
tax withheld

2,909.73

4 Social security tax withheld

1,694.89

6 Medicare tax withheld

396.39

8 Allocated tips

10 Dependent care benefits

Distributions from sect. 457
and nonqualified plans
(Important, see Help)

Box 12

Code

D

Box 12

Amount

920.37

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4

R: Enter MSA contribution for Taxpayer

Spouse

G: Check if employer is not a state or local government ☐

Box 15

State

OH

Employer's state I.D. no.

51-5505832

Box 16

State wages, tips, etc.

26,416.75

Box 17

State income tax

738.32

Box 20

Locality name

BLUE ASH

Box 18

Local wages, tips, etc.

27,337.12

Box 19

Local income tax

273.38

Associated

State

OH

Box 14

Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from
the drop down list. If not on the list, select Other).

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Distributions from Pensions, IRAs, etc.
Keep for your records

Name MARY L HARRIS	Social Security Number [REDACTED]
Source Form: 1099-R <input checked="" type="checkbox"/> CSA-1099-R <input type="checkbox"/> CSF-1099-R <input type="checkbox"/> RRB-1099-R <input type="checkbox"/>	
If Spouse's 1099-R, check this box <input type="checkbox"/> Corrected <input type="checkbox"/>	

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code. If payer's address is outside the U. S., check box <input type="checkbox"/> JOHN HANCOCK LIFE INS. CO. (U.S.A.) INQUIRIES WWW.JHPENSIONS.COM P.O. BOX 640 BUFFALO NY 14201-0640		1 Gross distribution \$ 3,190.64 2 a Taxable amount (See Help) \$ 3,190.64 2 b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
Payer's Federal identification number 01-0233346	Recipient's identification number 282-42-6238	3 Capital gain (included in box 2a) \$ _____	4 Federal income tax withheld \$ _____
Check to transfer Recipient's information from Federal Information Worksheet <input type="checkbox"/> Recipient's name MARY L HARRIS		5 Employee contributions / Designated Roth contributions or insurance premiums \$ _____	6 Net unrealized appreciation in employer securities \$ _____
Street address (including apartment number) 5576 MONTGOMERY ROAD		7 Distribn code(s) 1st code <input type="text" value="1"/> IRA/SEP/ SIMPLE 2nd code <input type="text"/> <input type="text"/>	8 Other \$ _____ % _____
City CINCINNATI	State OH	ZIP code 45212-1849	9 a Your percentage of total distribution _____ % 9 b Total employee contributions \$ _____
Account number [REDACTED] Special use code for first state (See Help) <input type="text"/> Special use code for second state (See Help) <input type="text"/>		10 State tax withheld \$ _____	11 Payer's State / state no. OH / 52-216555 4
1st year of desig. Roth contrib. _____		13 Local tax withheld \$ _____	14 Name of locality _____
		15 Local distribution \$ _____	12 State distribution \$ 3,190.64
▶ Check if NOT from a qualified retirement plan or IRA (see Help) <input type="checkbox"/> ▶ If box 7 code is J or T, check if a qualified distribution (see Help) <input type="checkbox"/> ▶ If box 7 code is J, enter amount used for first time home purchase _____ ▶ If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) <input type="checkbox"/>			
▶ Rollovers Important. Do not enter a Roth conversion or recharacterization as a rollover. Enter conversions and recharacterizations on lines B and C on page 2. Entire distribution rolled over <input type="checkbox"/> or amount of partial rollover _____			
▶ Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of ▶ Spouse and treat as recipient's own (this is treated as a rollover) <input type="checkbox"/> ▶ Recipient, but was originally inherited from a spouse (treated as recipient's IRA) <input type="checkbox"/> ▶ Spouse and not treat as recipient's own (taxable amount must be in box 2a) <input type="checkbox"/> ▶ Someone other than a spouse (taxable amount must be in box 2a) <input type="checkbox"/>			
▶ Insurance Amount of insurance premiums deductible on Schedule A _____			
▶ Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization _____			
▶ RMD If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help), Entire gross is RMD <input type="checkbox"/> or the amount of gross distbn that is the RMD _____			

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